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under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid QMB control number Docket Number PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) 484C6 in re Application of John A. Stolk et al. Application Number 09/970,966 Filed October 2, 2001 For COMPOSITIONS AND METHODS FOR THE THERAPY AND DIAGNOSIS OF OVARIAN CANCER Group Art Unit Examiner 1631 Mary K. Zeman This is a request under the provisions of 37 CFR 1 136(a) to extend the period for filing a Reply in the above identified application. The requested extension and appropriate non-small-entity fee are as follows (check time period desired): One month (37 CFR 1.17(a)(1)) \$110 00 Two months (37 CFR 1.17(a)(2)) Three months (37 CFR 1.17(a)(3)) Four months (37 CFR 1.17(a)(4)) Five months (37 CFR 1.17(a)(5)) П Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ __ A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. Π The Commissioner has already been authorized to charge fees in this application to a Deposit Account. M The Commissioner is hereby authorized to charge any fees which may be required to Deposit Account Number 50-0597. 冈 The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, to Deposit Account Number 50-0597. I am the [] applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). attorney or agent of record. attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1 34(a). WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Gui M. Gasee Signature Enc M. Barzee Typed or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below Surgen Hour Statement: The form is estimated to fake 0.1 hours to complete Time will vary depending upon the needs of the included case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Commissioner for Patients. Washington, DC 20231 (ICnck-in/Groups/Lagat/Patient/Patient Filings/484/484C6/PTOSB22. Pet Extension Time final OA.doc (194-18-01)